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**FAX TRANSMISSION****DATE:** April 4, 2007**PTO IDENTIFIER:** Application Number 10/781,014-Conf. #2283  
Patent Number**Inventor:** Markus POMPEJUS et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** LAHIVE & COCKFIELD, LLP

Maria Laccotripe Zacharakis, Ph.D., J.D.

**PHONE:** (617) 227-7400**Attorney Dkt. #:** BGI-126CPCN**PAGES (Including Cover Sheet):** 7**CONTENTS:**

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PTO/SB/21 (09-08)

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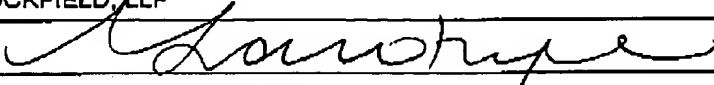
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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/781,014-Conf. #2283
	Filing Date	February 17, 2004
	First Named Inventor	Markus POMPEJUS
	Art Unit	1652
	Examiner Name	C. L. Fronda
Total Number of Pages in This Submission	Attorney Docket Number	BGI-126CPCN

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet; Certificate of Transmission
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	Maria Laccotripe Zacharakis, Ph.D., J.D.		
Date	April 4, 2007	Reg. No.	56,266

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Dated: April 4, 2007

Signature:  (Maria Laccotripe Zacharakis, Ph.D., J.D.)

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PTO/SB/17 (02-07)

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<b>Effective on 12/09/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2007</b>		<b>Complete If Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/781,014-Conf. #2283
		Filing Date	February 17, 2004
		First Named Inventor	Markus POMPEJUS
		Examiner Name	C. L. Fronda
		Art Unit	1652
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 1,520.00		Attorney Docket No.	BGI-126CPCN


  

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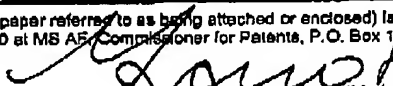
  

<b>FEE CALCULATION</b>																																			
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																																			
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)																												
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)																													
Utility	300	150	500	250	200	100																													
Design	200	100	100	50	130	65																													
Plant	200	100	300	150	160	80																													
Reissue	300	150	500	250	600	300																													
Provisional	200	100	0	0	0	0																													
<b>2. EXCESS CLAIM FEES</b>							<b>Small Entity Fee (\$)</b>																												
<b>Fee Description</b>							<b>Fee (\$)</b>																												
Each claim over 20 (including Reissues)							50																												
Each independent claim over 3 (including Reissues)							200																												
Multiple dependent claims							360																												
<table border="0" style="width: 100%;"> <tr> <td><u>Total Claims</u></td> <td><u>Extra Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> <td><u>Multiple Dependent Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td>HP = Highest number of total claims paid for, if greater than 20.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>Indep. Claims</u></td> <td><u>Extra Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td>HP = Highest number of independent claims paid for, if greater than 3.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>							<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	HP = Highest number of total claims paid for, if greater than 20.							<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				HP = Highest number of independent claims paid for, if greater than 3.							
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>																													
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HP = Highest number of independent claims paid for, if greater than 3.																																			
<b>3. APPLICATION SIZE FEE</b>																																			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																			
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- 100 =	/50	(round up to a whole number) x																																	
<b>4. OTHER FEE(S)</b>																																			
Non-English Specification, \$130 fee (no small entity discount)																																			
Other (e.g., late filing surcharge): 1253 Extension for response within third month							1,020.00																												
1401 Notice of appeal							500.00																												

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney Only)	58,286
Name (Print/Type)	Maria Laccotripe Zacharakis, Ph.D., J.D.	Telephone	(817) 227-7400
		Date	April 4, 2007

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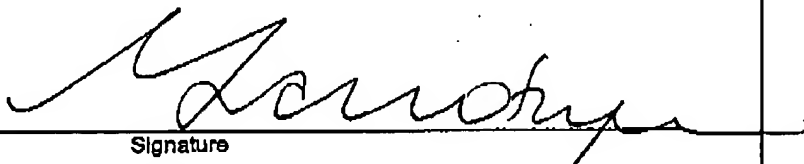
Application No. (If known): 10/781,014

Attorney Docket No.: BGI-128CPCN

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